



REQUEST FOR ELTF CERTIFICATE OF FINANCIAL ASSURANCE FOR UNDERGROUND STORAGE TANKS

State Form 52884 (R / 8-17)

RETURN COMPLETED FORMS TO:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF LAND QUALITY, UST SECTION
 100 N. Senate Avenue
 Indianapolis, IN 46204-2251
 UST: (317) 234-0343 USTRegistration@idem.IN.gov

:Facility ID Number

:Owner/Operator ID Number

Instructions for this form can be found at http://www.in.gov/idem/files/form_ust_cofa_instructions.doc

A UST OWNER OR OPERATOR INFORMATION

I am the UST _____ as defined by IC _____ of the UST systems at the facility listed in Block B. I am requesting a Certificate of Financial Assurance pursuant to 328 IAC 1-7-1 which I will maintain and make available at the UST site or my place of work pursuant to 329 IAC 9-8-21. If maintained off site, I will make the Certificate of Financial Assurance available upon request. I understand that upon meeting applicable requirements, I am able to receive up to \$2.5 million in reimbursement from the ELTF.

B UST FACILITY INFORMATION

| | | | | | | | |
|--------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|-------------|--|-------------|
| FACILITY NAME | | As of July 1, 2016, the deductible required to be paid before a claimant is eligible to be reimbursed by the ELTF was set at \$15,000 by a legislative change to IC 13-23. This statute also set additional amounts that must be paid prior to being eligible for reimbursement that are based solely on the annual UST registration fee history for each site. Pursuant to 329 IAC 9-8-11(b)(2), owners or operators of more than twelve USTs must demonstrate the ability to pay two times the deductible. A copy of the Certification of Financial Responsibility (COFR) required by 329 IAC 9-8-21(c) must be submitted with this form. <table border="0"> <tr> <td>Amount required for ELTF deductible:</td> <td>\$15,000.00</td> </tr> <tr> <td></td> <td>\$30,000.00</td> </tr> </table> | | Amount required for ELTF deductible: | \$15,000.00 | | \$30,000.00 |
| Amount required for ELTF deductible: | \$15,000.00 | | | | | | |
| | \$30,000.00 | | | | | | |
| FACILITY ADDRESS (number and street) | | | | | | | |
| CITY | STATE | | | | | | |
| ZIP CODE | TELEPHONE NUMBER | | | | | | |
| COUNTY | GPS LOCATION (UTM) | | | | | | |

C EXCESS LIABILITY TRUST FUND DEDUCTIBLE MECHANISMS

Place an X in the box for all that apply to this site, per IAC 9-8-11

- Loan Commitment Letter
- Certificate of Deposit
- Tangible Net Worth Letter
- Liability Insurance
- Surety Bond
- Letter of Credit
- Trust Fund
- Guarantee
- Local Government Mechanisms

D UST OWNER OR OPERATOR CERTIFICATION

| | | | |
|---------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| UST OWNER OR OPERATOR NAME | | OATH: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. | |
| UST OWNER OR OPERATOR ADDRESS (number and street) | | | |
| CITY | STATE | | |
| ZIP CODE | TELEPHONE NUMBER | | |
| EMAIL ADDRESS | | NAME OF UST OWNER OR OPERATOR OR AUTHORIZED REPRESENTATIVE | |
| | | SIGNATURE | DATE (month / day / year) |